



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

DEC 2 1981

Luria Bros. & Co. Inc. - Gary Processing Plant
Matthew Herrmann, Plant Manager
P.O. Box 6361 Brunswick Station
Gary, IN 46406

RE: Hazardous Waste Permit Application-Incomplete Part A (IND095264818)
Facility Name (and EPA ID number)
Facility Address

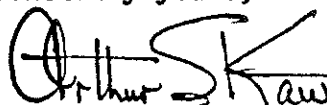
We have completed our review of your Part A RCRA permit application for the facility referenced above. The application was incomplete; therefore, we are returning it to you along with a checklist which indicates the missing items. Please complete all missing items marked with an asterisk (*) on the application form, and return the form in time to reach this office by January 4, 1982. All other missing items marked on the checklist should be completed and may be forwarded to this office under separate cover by February 4, 1982.

All of these items are necessary in order for the U.S. Environmental Protection Agency to determine whether your facility qualifies for interim status. Once you receive interim status, your facility may continue operating under the interim status standards until such time as a Part B application is requested by USEPA. At that time, you will have up to six months to submit the Part B portion of the application and to show that you comply with the final detail technical standards.

Please note that some of your original entries on the forms may be changed. We have coded your forms to accommodate key punching for subsequent computer processing; all of our coding was done in blue ink only.

If you have any questions or wish to discuss the missing items on the checklist, please feel free to contact Gordon Davidson, the reviewer of your application, at (312) 353-2203 or me at (312) 886-7449.

Sincerely yours,


Arthur S. Kawatachi
Regional Project Officer

Enclosure

P.S. All missing items marked with an asterisk must be submitted to us with a cover letter signed by the appropriate certifying official (Item XIII on Form 1 and/or Item IX and X on Form 3) or his duly authorized representative.



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

IND095264818

REACKNOWLEDGEMENT

LURIA BROS & CO INC GARY PROCESS PLT
BOX 6361 BRUNSWICK STATION
GARY IN 46406

INSTALLATION ADDRESS

6633 W INDUSTRIAL HIGHWAY
GARY IN 46406



INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the **INSTRUCTIONS FOR FILING NOTIFICATION** before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

000026 JUN 30 81

Duplicate

COMMENTS

[illegible]

INSTALLATION'S BRAND NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)		LURIA BROS : CO	
S															
F	INT	1900	14480	2	1										
												810528		GARY PROCESSING PLNT.	

[illegible]

STREET OR P.O. BOX

C		B	O	X		6	3	6	1		B	R	U	N	S	W	I	C	K		S	T	A	T	I	O	N						
3																																	
15	16																													43			

CITY OR TOWN															ST.		ZIP CODE						
C																							
4	G	A	R	Y													I	N	4	6	4	0	6
15	16														40	41	42	47	-	51			

STREET OR ROUTE NUMBER

C																														
S	6	6	3	3		W		I	N	D	U	S	T	R	I	A	L		H	I	G	H	W	A	Y					
SC	SC																													

CITY OR TOWN															ST.		ZIP CODE						
C																							
6	G	A	R	Y													I	N	4	6	4	0	6
15	16															40	41	42	43	44	45		

NAME AND TITLE (last, first, & job title)

C																																										
2	H	E	R	R	M	A	N	N		M	A	T	T	H	E	W		P	L	A	N	T		M	G	R					2	1	9		9	4	9		8	1	1	8
15	16																														45	46	-	48		49	-	51		52	-	53

A. NAME OF INSTALLATION'S LEGAL OWNER

[illegible]

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☐ A. GENERATION

☒ **B. TRANSPORTATION** (complete item VII)

☒ C. TREAT/STORE/DISPOSE

☐ **D. UNDERGROUND INJECTION**

VII. MODE OF TRANSPORTATION (transporters only – enter “X” in the appropriate box(es))

☐ 61 A. AIR ☐ 62 B. RAIL ☒ 63 C. HIGHWAY ☐ 64 D. WATER ☐ 65 E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below. 741008 5264518

IND095264818

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION

☐ **B. SUBSEQUENT NOTIFICATION** (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

MAY 28 1981

MAY 28 1981

IND095264818

I.D. - FOR OFFICIAL USE ONLY

S	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
WENT 19001448021															

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K 0 6 2	F 0 0 6				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

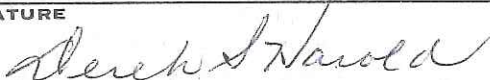
☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)
X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME & OFFICIAL TITLE (type or print)

 DEREK S. HAROLD
GENERAL MGR

DATE SIGNED

MAY 8 1981



PLEASE PLACE LABEL IN THIS SPACE

002375 JUN 19 81

COMMENTS

[illegible]

INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)			
S								T/A	C		A	8	10	5	18
F	I	N	D	O	9	5	2	6	4						
1	2				-			17	18	16		17	-	22	

LURIA BROS & CO INC.
GARY PROCESSING PLANT

~~GARY PROCESSING PLANT~~

STREET OR P.O. BOX

[illegible]

CITY OR TOWN															ST.		ZIP CODE					
C																						
4	G	A	R	Y												I	N	4	6	4	0	6
15	16														40	41	42	47	-	55		

STREET OR ROUTE NUMBER

C																														
5	6	6	3	3		W		I	N	D	U	S	T	R	I	A	L		H	I	G	H	W	A	Y					
15	16																									25				

CITY OR TOWN															ST.		ZIP CODE					
C	G	A	R	Y												I	N	4	6	4	0	6
6																						
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NAME AND TITLE (last, first, & job title)

[illegible]

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B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

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M = NON-FEDERAL

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☐ A. GENERATION☒ C. TREAT/STORE/DISPOSE

☒ B. TRANSPORTATION (complete item VII)

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter “X” in the appropriate box(es))

☐ 61 A. AIR ☐ 62 B. RAIL ☒ 63 C. HIGHWAY ☐ 64 D. WATER ☐ 65 E. OTHER (specify):

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION

☐ **B. SUBSEQUENT NOTIFICATION** (complete item C)

IND095264818

Please go to the reverse of this form and provide the requested information.

MAY 18 1981

W	IND09526481821
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☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)
X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Derek S. Harold</i>	NAME & OFFICIAL TITLE (type or print) DEREK S. HAROLD GENERAL MGR	DATE SIGNED
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LURIA BROTHERS & COMPANY, INC.

20521 Chagrin Blvd.
P.O. BOX 4101 CLEVELAND, OHIO 44101
10000 BOULEVARD
CLEVELAND, OHIO 44122
CABLE LURIA BRO

216/752-4000

IN

April 23, 1982

AN OGDEN COMPANY

*file in
the Luria
Brothers
RCRA file*

IND095264818 TTSD PA

E.P.A. Region 5
RCRA Activities
P. O. Box A 3587
Chicago, Illinois 60690

Attention: Mr. Richard Shandross

Dear Mr. Shandross:

During May, 1981 we applied for a hazardous waste processing permit to process waste solids from Bethlehem Steel Corporation's, Burns Harbor plant.

E.P.A. I.D. Code No. - IND 003913423
Hazard Class - ORM-E
Hazardous Material I.D. No. - NA 9189
E.P.A. Hazardous Waste No. - F006 and K062

Luria's Gary Processing Plant was granted interim permit status and given E.P.A. I.D. Code No. IND 095264818.

Material was trucked from Bethlehem Steel to Luria by Red Top Trucking - E.P.A. I.D. Code No. IND 007985336. In July, 1981, 659 tons of material was received, processed and returned to Bethlehem in August, 1981. All processing was done in accordance with the system described in our permit application. No hazardous material has been processed since that time. No hazardous material is in inventory at the Gary Processing Plant at this time.

The following closing procedure was followed:

Processing consisted of thermal drying waste water treatment plant material in a rotary kiln to remove moisture.

All unprocessed material was received by truck and placed in inventory.

All unprocessed material was loaded by front end loader onto a conveyor which fed the thermal dryer.

All material was thermally dried in the rotary kiln.

RECEIVED

APR 29 1982

WASTE MANAGEMENT BRANCH
EPA REGION V

4/29/82

E.P.A. Region 5
Attention: Mr. Richard Shandross

April 23, 1982
Page Two

All processed material was discharged from the kiln onto a conveyor and placed in inventory.

All of the processed inventory was loaded by front end loader into trucks for delivery to Bethlehem Steel.

At completion of processing, conveyors, mobile equipment, and rotary kiln were cleaned by hand and no material remained in the system.

A total of 659 tons of material was processed in 1981. At no time did the inventory exceed that amount.

In December, 1981 the Gary Processing Plant stopped operation. Processing of hazardous material is not planned at this time. We therefore withdraw our request that our present interim status permit be converted to permanent status.

Yours truly,

Matthew J. Herrmann

Matthew J. Herrmann
Plant Manager

dh

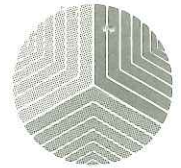
APPROVED BY:

C. W. Wood

C. W. Wood - Gen. Mgr.

LURIA BROTHERS & COMPANY, INC.

P.O. BOX 6548, CLEVELAND, OHIO 44101
20521 CHAGRIN BOULEVARD
CLEVELAND, OHIO 44122
(216) 752-4000 CABLE: LURIABRO



AN OGDEN COMPANY

February 12, 1982

RECEIVED

FEB 13 1982

WASTE MANAGEMENT BRANCH
EPA, REGION V

IND 095264818
T TSD PA

E.P.A. Region 5
RCRA Activities
P. O. Box A 3587
Chicago, Illinois 60690

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Yours truly,

Matthew L. Herrmann

Matthew Herrmann
Plant Manager

dh

APPROVED BY:

C. W. Wood

C. W. Wood - Gen. Mgr.

Donald R. ...
V.P.

RECEIVED
2/10/82

FORM 4 1 GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)	EPA I.D. NUMBER ND 095264818
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LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully. If any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

LURIA BROS. & CO. INC. GARY PROCESSING PLT

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
HERRMANN MATTHEW PLANT MGR	219 949 8118

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN
P.O. BOX 6361 BRUNSWICK STATION	GARY
C. STATE D. ZIP CODE	
IN 46406	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN
6633 WEST INDUSTRIAL HIGHWAY	LAKE	GARY
D. STATE		E. ZIP CODE
IN		46406
F. COUNTY CODE (if known)		

VIII. OPERATOR INFORMATION

☒ EXISTING ENVIRONMENTAL PERMITS

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Deoil mill scale by rotary kiln -- non hazardous material

Paper describing details of operation is attached.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

COMMENTS FOR OFFICIAL USE ONLY	
E	
C	

FOR OFFICIAL USE ONLY

APPLICATION APPROVED DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

5		C										T/A		C		1																			
1		2		13										14		15																			
LINE NUMBER		A. PRO- CESS CODE (from list above)		B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY		LINE NUMBER		A. PRO- CESS CODE (from list above)		B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY					
				1. AMOUNT (specify)										2. UNIT OF MEA- SURE (enter code)								1. AMOUNT										2. UNIT OF MEA- SURE (enter code)			
		16 - 18		19 - 27										28		29 - 32				16 - 18		19 - 27										28		29 -	
X-1		S 0 2		600										G				5																	
X-2		T 0 3		20										E				6																	
1		T 0 3		25										D				7																	
2		S 0 3		400										Y				8																	
3																		9																	
4																		10																	
		16 - 18		19 - 27										28		29 - 32				16 - 18		19 - 27										28		29 -	

We use a rotary kiln to remove oil and water by heating the material. We then burn the hydrocarbons in an afterburner, and remove particulate with a venturi scrubber. Material is recycled to steel industry.

Paper describing details of operation is attached.

DESCRIPTION OF HAZARDOUS WASTES

EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

100 pounds per year of that waste. Treatment will be in a waste treatment unit.														
LINE NO.	A. EPA HAZARD. WASTE NO (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES							
							1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
X-1	K	0	5	4	900	P	T	0	3	D	8	0		
X-2	D	0	0	2	400	P	T	0	3	D	8	0		
X-3	D	0	0	1	100	P	T	0	3	D	8	0		
X-4	D	0	0	2										included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY															
T/A/C 1													W 2 DUP															
1 2 13 14 15													1 2 13 14 15 23 26															
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																												
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES																	
											1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))									
	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
1	F	0	0	6																								
2	K	0	6	2																								
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V. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

I	N	D	0	9	5	2	6	4	8	1	8	T/A	C
												6	

F. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

G. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

H. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

65	66	67	68	69	70	71
----	----	----	----	----	----	----

72	73	74	75	76	77	78	79
----	----	----	----	----	----	----	----

III. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

X. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

DEREK S HAROLD

Derek S Harold

5/22/81

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

DEREK S HAROLD

Derek S Harold

5/22/81

LURIA BROTHERS & COMPANY, INC.

P.O. BOX 6548, CLEVELAND, OHIO 44101
20521 CHAGRIN BOULEVARD
CLEVELAND, OHIO 44122
(216) 752-4000 CABLE: LURIBRO



AN OGDEN COMPANY

May 22, 1981

United States Environmental Protection Agency
Region V
Waste Management Branch
230 South Dearborn
Chicago, Ill 60604

Identification Number
IND 095264818

Gentlemen:

Luria Brothers is a processor of materials for recycling in the Steel Industry. A mill scale processing plant is currently being operated under Gary Indiana Permit Number 00081, 00082, renewed April 27, 1981. Hazardous waste materials have not been processed at this plant on or before May 19, 1980. Details of the operation of this facility have been submitted to Mr. R. A. Shandross, Environmental Engineer.

Prior to November 19, 1980, Luria received and processed waste treatment plant sludge which has been identified as hazardous material. Initial plant trials utilizing this material have been successful, and we would like to recycle the processed sludge on a permanent basis. Attached are application forms 1 and 3 seeking authorization from the U. S. Environmental Protection Agency to resume processing this material. We understand Luria is eligible for interim status in accordance with the Code of Federal Regulations Section 122.23. (See also Federal Register Page 76635 sect. 122.22 Aiii)

Luria Brothers appreciates the assistance provided by Mr. Shandross and Mrs. Bloom in the above matter.

Very truly yours,

LURIA BROTHERS & COMPANY, INC.


Derek S. Harold

vt

MAY 27 1981

NEW PART A

MAY 27 1981

884 95B

V. FACILITY DRAWING (see page 4)

Drawing attached.

